

**Nottinghamshire Phoenix Programme**

**Application to host a Trailblazer Fellow 24/25**

|  |  |
| --- | --- |
| **Practice Name** |  |
| **Contact within practice** |  |
| **Named Supervisor for Trailblazer Project** |  |

|  |
| --- |
| **Briefly outline why your practice would like to host a Trailblazer Fellow.** **You may wish to consider the potential benefits to the practice and why being part of Trailblazers would make a difference. Please also describe the potential benefits to the fellow and how they would be supported, especially with their project. If you already have a potential fellowship candidate in mind and/or project idea, please outline this here.** |
|  |

If successful we plan to:

Recruit a new early or mid-career GP to become a Trailblazer fellow (applications would also be considered for non-GP clinicians, if employed by the practice at Band 6 or above, and if they hold a BSc in a clinical health profession)

OR

Offer the Trailblazer fellowship to an existing early or mid-career GP working within our practice (applications would also be considered for non-GP clinicians, if employed by the practice at Band 6 or above, and if they hold a BSc in a clinical health profession)

*Name of GP or non-GP clinician – optional at this stage*

In submitting this application, we confirm that:

* We have read the attached guidance
* We are aware that the timeline for recruitment is for appointments to be fully agreed by 26th July 2024, and fellowships to start on 27th September 2024
* We will not schedule routine clinical work for the fellow on Fridays to enable attendance at national and local education sessions

**Deadline for submission of this form is June 14th 2024**

|  |  |
| --- | --- |
| **Signature** |  |
| **Position** |  |
| **Date** |  |